

Summary of Benefits for:

**Group MedicareBlue Rx
Option E**



**Group
MedicareBlueSM Rx**
A Medicare Prescription Drug Plan

2006 Summary of Benefits

**Effective January 1, 2006 through
December 31, 2006**



Introduction to the Summary of Benefits for Group MedicareBlue Rx January 1, 2006–December 31, 2006

Thank you for your interest in Group MedicareBlue Rx. Group MedicareBlue Rx is a Medicare Prescription Drug Plan with a Medicare contract. Group MedicareBlue Rx coverage is provided by only one of the following plans: Wellmark Blue Cross and Blue Shield of Iowa,* Blue Cross and Blue Shield of Minnesota,* Blue Cross and Blue Shield of Montana,* Blue Cross and Blue Shield of Nebraska,* Blue Cross Blue Shield of North Dakota,* Wellmark Blue Cross and Blue Shield of South Dakota,* and Blue Cross Blue Shield of Wyoming.* This Summary of Benefits tells you some features of our plan. It doesn't list every drug we cover, every limitation or exclusion. To get a complete list of our benefits, please call Group MedicareBlue Rx and ask for the "Evidence of Coverage."

Who is eligible to join?

You can join this plan if you are entitled to Medicare Part A and/or enrolled in Medicare Part B and are also identified as an eligible plan participant by your employer. Eligible individuals may only enroll in one Medicare Prescription Drug Plan at a time and may not be enrolled in a Medicare Advantage Plan (HMO, PPO), unless they are a member of Medicare Private-Fee-For-Services plan that does not offer Medicare prescription drug coverage or are enrolled in an 1876 Cost Plan.

Where can I get my prescriptions?

Group MedicareBlue Rx has formed a network of pharmacies. You must use a network pharmacy to receive plan benefits. Group MedicareBlue Rx may not pay for your prescriptions if you use an out-of network pharmacy, except in certain cases. The pharmacies in our network can change at any time. You can ask for a Pharmacy Directory or call Customer Service for an up-to-date list.

Do you cover Medicare Part B or Part D drugs?

We do not cover drugs that are covered under Medicare Part B as prescribed and dispensed. Generally, we only cover drugs, vaccines, biologicals and medical supplies that are covered under the Medicare Prescription Drug Benefit (Part D).

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Does my plan have a prescription drug formulary?

Group MedicareBlue Rx uses a formulary. A formulary is a preferred list of drugs selected to meet patient needs. The plan may periodically make changes to the formulary. If the formulary changes, affected enrollees will be notified, in writing before the change is made.

What is a Medication Therapy Management (MTM) Program?

A Medication Therapy Management (MTM) Program is a service that your plan may offer. You may be invited to participate in a program designed for your specific health and pharmacy needs. You may decide not to participate but it is recommended that you take full advantage of this covered service if you are selected. If you have questions concerning our MTM Program please contact our Customer Service number listed at the end of this section.

What are my protections in this plan?

All Medicare Prescription Drug Plans agree to stay in the program for a full year at a time. Each year, the plans decide whether to continue for another year. Even if a Medicare Prescription Drug Plan leaves the program, you will not lose Medicare coverage. If a plan decides not to continue, it must send you a letter at least 90 days before your coverage will end. The letter will explain your options for Medicare prescription drug coverage in your area.

If Group MedicareBlue Rx ever denies coverage for your prescription drugs, we will explain our decision to you. You always have the right to appeal and ask us to review the claim that was denied. In addition, if your physician prescribes a drug that is not on our formulary or is not a preferred drug or is subject to additional utilization rules, you may ask us to make a coverage exception.

Please call Group MedicareBlue Rx for more information about this plan.

Customer Service Hours:

Monday, Tuesday, Wednesday, Thursday, Friday, 7:00 a.m. – 7:00 p.m. Central

Current members should call **1-877-838-3827**

TTY/TDD **1-800-693-3816**

For more information about Medicare, call **1-800-MEDICARE (1-800-633-4227)**.

TTY/TDD users should call **1-877-468-2048**.

You can call 24 hours a day, 7 days a week.

Or visit **www.medicare.gov** on the web.

If you have special needs, this document may be available in other formats.

Summary of Benefits

If you have any questions about this plan's benefits or costs, please contact Group MedicareBlue Rx.

Benefit Category	Original Medicare	Group MedicareBlue Rx Option E
Important Information		
Outpatient Prescription Drugs	You pay 100% for most prescription drugs, unless you enroll in the Medicare Part D Prescription Drug program.	<p>This plan does not cover Medicare Part B prescription drugs.</p> <p>This plan uses a formulary. A formulary is a preferred list of drugs selected to meet patient needs at a lower cost. If the formulary changes, you will be notified, in writing, before the change. To view the plan's formulary, go to www.yourmedicare resolutions.com on the web, select the Member Self-Service tab, click on Search Drug Formulary, then click on Search for a drug now link, click "Continue" to go to the Prime Therapeutics LLC website, then select MedicareBlue Rx from the dropdown list option for Select Health Plan Type, and choose 3-Level from the dropdown list option for Select Formulary List.</p> <p>People who have low incomes, who live in long-term care facilities, or who have access to Indian/Tribal/Urban (Indian Health Service) facilities may have different out-of-pocket drug costs. Contact the plan for details.</p> <p>There is no deductible.</p> <p>You pay the following for prescription drugs:</p> <p>Formulary Generic:</p> <ul style="list-style-type: none"> • A \$5 copayment then 15% coinsurance for a one-month (31 day) supply of Formulary Generic Drugs you get at an in-network preferred pharmacy. • A \$5 copayment then 15% coinsurance for a three-month (90 day) supply of Formulary Generic Drugs you get at an in-network preferred pharmacy. • A \$5 copayment then 15% coinsurance for a one-month (31 day) supply of mail order Formulary Generic drugs. • A \$5 copayment then 15% coinsurance for a three-month (90 day) supply of mail order Formulary Generic drugs.

Summary of Benefits

If you have any questions about this plan's benefits or costs, please contact Group MedicareBlue Rx.

Benefit Category	Original Medicare	Group MedicareBlue Rx Option E
Outpatient Prescription Drugs <i>(continued)</i>		<p>Formulary Preferred Brand:</p> <ul style="list-style-type: none"> • A \$15 copayment then 25% coinsurance for a one-month (31 day) supply of Formulary Preferred Brand Drugs you get at an in-network preferred pharmacy. • A \$15 copayment then 25% coinsurance for a three-month (90 day) supply of Formulary Preferred Brand Drugs you get at an in-network preferred pharmacy. • A \$15 copayment then 25% coinsurance for a one-month (31 day) supply of mail order Formulary Preferred Brand Drugs. • A \$15 copayment then 25% coinsurance for a three-month (90 day) supply of mail order Formulary Preferred Brand Drugs. <p>Non-Formulary Generic and Brand:</p> <ul style="list-style-type: none"> • A \$25 copayment then 50% coinsurance per prescription order or refill. <p>There is no coverage limit for your prescription drugs.</p> <p>After your yearly out-of-pocket drug costs reach \$3,600, you pay the greater of:</p> <ul style="list-style-type: none"> • \$2 for generic or a preferred brand drug that is a multi-source drug and \$5 for all other drugs, or • 5% coinsurance. <p>Certain prescription drugs will have maximum quantity limits. Contact plan for details.</p> <p>Your provider must get prior authorization from Group MedicareBlue Rx for certain prescription drugs. Contact plan for details.</p>

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Benefit Category	Original Medicare	Group MedicareBlue Rx Option E
Outpatient Prescription Drugs <i>(continued)</i>		<p>Out-of-Network Benefits: Covered Part D drugs are available at out-of-network pharmacies in special circumstances, including illness while traveling outside of the Plan's service area where there is no network pharmacy. In addition to paying the copayments/coinsurances listed below, you will be required to pay the difference between what we would pay for a prescription filled at an in-network pharmacy and what the out-of-network pharmacy charged for your prescriptions.</p> <p>Formulary Generic:</p> <ul style="list-style-type: none"> • A \$5 copayment then 15% coinsurance for a one-month (31 day) supply of Formulary Generic Drugs you get at an out-of-network pharmacy. <p>Formulary Preferred Brand:</p> <ul style="list-style-type: none"> • A \$15 copayment then 25% coinsurance for a one-month (31 day) supply of Formulary Preferred Brand Drugs you get at an out-of-network pharmacy. <p>Non-Formulary Generic and Brand:</p> <ul style="list-style-type: none"> • A \$25 copayment then 50% coinsurance per prescription order or refill. <p>For the purpose of these provisions:</p> <ul style="list-style-type: none"> • Coinsurance is defined as: a percentage of the negotiated price of the drug that is your responsibility. Coinsurance is calculated after the copayment amount has been subtracted from the negotiated amount. • Copayment is defined as: a specified dollar amount payable by you for each prescription. <p>If a generic Prescription Medication or Drug is the therapeutic equivalent for a Brand Name Prescription Medication or Drug, and is authorized by a Member's Professional Health Care Provider, benefits will be based on the Allowance for the Generic equivalent. If the Member does not accept the Generic equivalent the Member is responsible for the cost difference between the Generic and the Brand Name Prescription Medication or Drug and applicable Cost Sharing Amounts.</p>

Group MedicareBlue Rx Customer Service

Toll-Free: 1-877-838-3827

TTY/TDD users should call:

1-800-693-3816

Fax: 1-888-249-1556

Hours of Operation:

Monday-Friday,

7:00 a.m. to 7:00 p.m. Central Time;

6:00 a.m. to 6:00 p.m. Mountain Time



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